## P21000042873



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: RESTAURANTE	EL SABOR LATINO 3 CO	ORP		
DOCUMENT NUM	BER: P21000042873				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	EDGAR PEREZ				
		Name of Contact Persor	1		
	RESTAURANTE EL SABOR LATINO 3 CORP				
		Firm! Company			
	1500 GATEWAY BLVD ST	E 100			
		Address			
	BOYNTON BEACH FL 334	26			
		City/ State and Zip Code	2		
	QINGQIAN716@GMAIL.C	OM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas		9067772		
	of Contact Person	at (	0 9067772 de & Daytime Telephone Number		
	or the following amount made				
⊠ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 A	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment Articles of Incorporation of

ESTAURANTE EL SABOR LATINO 3 CORP		
(Name of Corporation as	s currently filed with the Florida Dept. of State)	
21000042873		
(Document S	Number of Corporation (if known)	
rrsuant to the provisions of section 607,1006, Florida State Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amenda	mentis
If amending name, enter the new name of the corpor	ration:	
	The n	
	ration," "company," or "incorporated" or the abbreviation "Corp. "Co". A professional corporation name must contain the wo	.,
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	_
	20	-
	202h Aug	_
Enter new mailing address, if applicable:	Tops of the second seco	•
(Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,	
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	-	
	స్ట్	-
If amending the registered agent and/or registered of	office address in Florida, enter the name of the	
new registered agent and/or the new registered office		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President,  $V = Vice\ President$ ; T = Treasurer; S = Secretary; D = Director; TR = Trustec;  $C = Chairman\ or\ Clerk$ ;  $CEO = Chief\ Executive\ Officer$ ;  $CFO = Chief\ Financial\ Officer$ . If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		ETTIL MARISOL PEREZ	4367 PURDY LN
X Add				WEST PALM BEACH FL 33406
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
· ••	
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-	
<del></del>	
<u> </u>	<u> </u>

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The date of each amendment(s) adoption: 07 31 2024 if other than the date this document was signed.
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
O7/31/2024 Dated Signature  (By a director, president of other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
EDGAR PEREZ
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)